PHYSICIANS RECORD FNT PERMAN See in

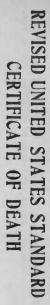
9

CAUSE O

SICIANS should OCCUPATION IS

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County.... Registration Dist. No. If death occurred to St.:....Ward) a hospital or institution. give its NAME instead ot street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, (Month) (Day) OROIVERCED (Write the word) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH * was as follows: BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory ⁹ BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER PARENTS (Address) 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE FOR HOSPITALS. INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) yrs. mos. ds. State yrs. Where was disease contracted. It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1,



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-CAUSING DEATH, state occupation at beginning of IIIbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care minc, etc. fication, as Day laborer, Farm laborer, Laborer—Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salcsman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman." As examples: For persons (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubereutosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Tuzzpenal scottchae genital," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the ipus," "Old Age," "Shock." "Traemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of __ ACCIDENTAL, SUICIDAL, OF HEMICIDAL, or as probably Bronchopncumonia (secondary), 10 ds. Never reporvalvular heart disease; Chronic interstitial nephritis The contributory (secondary or intercurrent) "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of ___ (name origin; "Can death), 29 ds. State cause for Examples:



SICIANS should occupation is PHYSICIANS RECORD PERMANENT THIS ZX UNFADING WRITE 90

state Very . properly may certificate. that ō back terms, 60 plain See instructions 2 I DEAT OF mportant. Every it

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No...... Tif death occurred in St .: Ward) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED. (Month) (Dav ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day TAGE If LESS than 1 day hrs. OR ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) Contributory..... 9 BIRTHPLACE Secondary (State or country 10 NAME OF FATHER PARENTS 11 BIRTHPLACE . 191.7. (Address) OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means or Injury; and (2) whether Accidental, Suicidal, or Homicidal. (State or country 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ____ ds. State _____ yrs, ____ mos. ___ Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death?. Former or (Informant)usual residence. DATE OF BURIAL 15 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestle service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Forcman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr return "Laborer," Farmer (retired 6 yrs.) For persons Salesman, "Foreman," The

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to thme and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopucumonia ("Pneumonia," unqualified, is indefinite); Tubereucisis of lungs, meninges, perilonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopucumonia (secondary), 10 ds. ample: Meusles (disease causing death), 29 affection need not be stated unless Important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canmia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Coninjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustlon," "PUERPERAL septichac-Never report



V. S. No. 1.

RECORD PERMANENT UNFADING INK-THIS IS

of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCOPATION is very See Instructions on back of certificate, CAUSE OF important. N. B.

| 1 PLACE OF DEATH | 1547 | 11. |
|-----------------------|-------|-------|
| County Level | read | ILU |
| Village or City Elkto | ~ (No | 1 |
| 4 . | 1.6 0 | a tt. |

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.....

.St.;....Ward)

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE | OF DEATH |
|--------|--|--|--|
| 3 BI | 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | 16 DATE OF DEATH BUS (Month) | - 17, 1914 (Day (Year) |
| 1 | | 17 I HEREBY CERTIFY, That | I attended deceased from |
| 6 D | ATE OF BIRTH MARCHE CAN | 191, to | , 191 |
| | (Month) (Day (Year) | that I last saw halive on | , 191 |
| 7 A | GE If LESS than | and that death occurred on the date state | d above, at m |
| | (B . 8 30 1 day,hrs. | The CAUSE OF DEATH* was as follows: | |
| 8 - | yrs mos ds. OR min. ? | Suic | ide |
| | CCUPATION Profession, or | by gunshot won | und |
| | rticular kind of work | I in mouth | |
| | General nature of industry, iness, or establishment in | | |
| | ch employed (or employer) | (Duration) | yrsmosds |
| 9 B | RTHPLACE (State or country) | Contributory | ************************************** |
| | 10 NAME OF A | nime P Klass | yrs mos ds |
| | FATHER Joseph Booth | (Signed) War Rolling | vomoci m |
| ARENTS | 11 BIRTHPLACE OF FATHER | \$16-17., 191.4. (Address) (Als | lose M D |
| M | (State or country) (Mylange | *State the DISEASE CAUSING DEATH, O CAUSES, state (1) MEANS OF INJURY: | er, in deaths from VIOLENT |
| AR | 12 MAIDEN NAME OF MOTHER | CAUSES, state (1) MEANS OF INJURY; & TAL, SUICIDAL, OF HOMICIDAL. | |
| 0 | Dastrall Notule | 16 LENGTH OF RESIDENCE (FOR HOSPITALS | s, Institutions, Transients |
| | 13 BIRTHPLACE OF MOTHER (State or country) Mat his assets | At place In the | |
| 14 | | of death yrs mos ds. State Where was disease contracted, | yrs, mos ds |
| - | HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | If not at place of death? | ************************************** |
| (1 | (informant) MD Que D 1200M | Former or usual residence | |
| Jones | Coller Ma V | 19 PLACE OF BURIAL OR REMOVAL | |
| 16 | (Address) VASLOW VV B | EM# | DATE OF BURIAL |
| | 1/101 19 | 20 UNDERTAKER | 1 26 251914 |
| FII | | 76 - no). | ADDRESS |
| | If more blanks are needed, address State Register | · Unerger uppares | 6 mus |

[Approved by U. S. Census and American Public Health Association.]

cated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumodia"); Lobar pneumonia; Bronchopneumonia ("Pneumodia," unqualified, is iddefinite): Tubcrculcsis of lungs, meninges, peritonaeum, etc., Carcin-

nant peoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallg-LENG-DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shoek," "Uraemia," "Weakness," themia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenelascpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae. cause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Idanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated upless important. "Contributory." by carbolic acid—probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report



RECORD A PERMANENT

stated EXACTLY. PHYSICIANS should state I. Exact statement of OCCUPATION is very N. B.—Every Item of Information should be carefully supplied. AGE should be si CAUSE OF DEATH in plain terms, so that it may be properly classified. Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS

| Village or City Elkton (No. Union | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If deeth occurred to a hospital or institution, give its NAME instead of street end number.] |
|--|--|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Female while (Stringer, Married, Widowed, ORDINACED ORDINACED) | 16 DATE OF DEATH TO 16 (Month) (Day (Year) |
| 6 DATE OF BIRTH | 17 I HEREBY GERTIFY, That I attended deceased from |
| 7 AGE (Month) (Day (Year) | that I last saw h lalive on 15, 1914 and that death occurred on the date stated above, at 5.30 a.m. |
| OCCUPATION 1 day | The CAUSE OF DEATH* was as follows: |
| (e) Trade, profession, or particular kind of work. (b) General nature of industry, business, or esteblishmeot in which employed (or employer) | to fecul concretion) one (Ouration) yrs mos 6 ds. |
| 9 BIRTHPLACE (State or country) No information | Contributory Respussed Oppendis Secondary (Motion) 2, yrs mas 7 ds. |
| 10 NAME OF FATHER No information | (Signed) Allum Mileliell, M. D. |
| 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL |
| of Mother | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSFERVE |
| 13 BIRTHPLACE OF MOTHER (State or country) | At piece of death yrs. mos. 3 ds. State 36 yrs. mos. ds |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, If not at place of deeth? |
| (Informent) . Y.S. Cosh | 19 PLACE OF BURIAL OR RENOVAL CATEOF BURIAL |
| (Address) | Calara DATE OF BURIAL |
| Filed Feb. 15, 191 4 J. Frank Brazer | 20 UNDERTAKER Vinsinger & Pippin Chton |

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Consus and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Groeery; (a) Foreman, (b) Automobile factory. The Civil engineer, Stationary fireman, etc. But in many been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

BURLLAU. V.S. party in pour

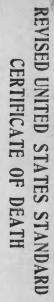
valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptiehaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tctanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aeeisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-The contributory Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-



S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state a CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

| Ounty Cecc. 1549 | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No |
|---|--|
| VIIIage or City Chesapeall (No. 1) | St: Ward) [It death occurred in a hospital or Institution, give its NAME instead of street and number.] |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Male. Mele Single, MARRIED Muy le WIDOWED, ORDIVORCED (Write the word) | 16 DATE OF DEATH # |
| 6 DATE OF BIRTH NOV. 27 (Month) (Day) (Year) | that I last saw h silve on Feb 5 1914 |
| GOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Many Pand, (Day) (Table) (Pay) (I LESS than 1 day, hrs. OR min.? | and that death occurred on the date stated above, at |
| 11 BIRTHPLACE OF MOTHER OF MOTHER 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE 13 BIRTHPLACE 13 BIRTHPLACE 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 BIRTHPLACE OF MOTHER 18 BIRTHPLACE OF MOTHER 19 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MAME OF MOTHER 10 MAIDEN NAME OF MOTHER | (Signed) OUT 1914 (Address) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL 18 LENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place |
| OF MOTHER (State or country) Emms yeranus 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) May Carry (Address) Ches of eake City. Red Filed Full 5, 1914 A & Hoazur REGISTRAR | of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DOTE OF BURIAL TST. 6 11 , 191 4. 20 UNDERTAKER ADDRESS Cleochecke Cit. |
| If more blanks are needed, address State Regis trar, 6/ | E. Franklin St., Balto., Asquesting V. S. No. 1. |



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement the nature of the business or industy; and therefore an who have no occupation whatever, write None. been changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer—Coal material worked on may form part of the second statement. Never return "Laborer," "Foreman," it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative acalthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the If the occupation has Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

· Sinier

mus," cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purspenal scottchaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Figart failure," "Haemorrhage," "Inanition," "Maras genital," "Senite." etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial arphritis usat neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of __ ture of the American Medical Association.) scpsis, tetanus) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) "Old Age," "Shock," may be stated under the head (Recommendations on statement of 'Traemla," "Weakness," (name origin; "Can Examples:



Š

O Z

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 UNFADING INK-THIS

| PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARAPHED, WISHINGTON, WOOWER, WISHINGTON, WOOWER, WISHINGTON, OR ON | Village or City Name corra & cresult | STATE OF MARYLAND CERTIFICATE OF DEATH Registered No.: St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and oumber.] |
|--|--|---|
| ## SECURIOR OF RACE Marketo Mark | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL GERTIFICATE OF DEATH |
| And that last saw h. As alive on | 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED | (Month) (Day) (Year) |
| The CAUSE OF DEATH* was as follows: Soccupation (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Signath Place (State or country) Cicil Country Made | BDATE OF BIRTH august 4,1912 | Jan 9, 1914, 10 11 11 1914 |
| particular kind of work (a) General nature of industry, business, or establishment in which employed (or employer) PRITTHPLACE (State or country) Cicil Country Mad 19 NAME OF FATHER Thorises a cressual 11 BIRTHPLACE (State or country) Cicil Country Maide of Father (State or country) Particular kind of work (State or establishment in which employed (or employer) (Signed) State the Dissass Causing Death, or, in deaths from Violent Causes, state (1) Means or Injury; and (2) whether Accident Tal, Suicidal, or Homicidal. 18 Lenath of Residents Address) 14 THE ABOVE IB TRUE TO THE BEST OF MY KNOWLEDGE Informant) Address Cloth buttery (Secondary) (Signed) (Signed) State the Dissass Causing Death, or, in deaths from Violent Tal, Suicidal, or Homicidal. 18 Lenath of Residents At place of death Tal, Suicidal, or Homicidal. 18 Lenath of Residents At place of death Informant) Address Cloth Country Contributory (Secondary) (Signed) State the Dissass Causing Death, or, in deaths from Violent Tal, Suicidal, or Homicidal. 18 Lenath of Residents At place of death Tal, Suicidal, or Homicidal. 19 Lenath of Residents At place of death Former or usual residence Address Date of Burial or Remova; Date of Burial Address Date of Burial Tal, Suicidal or Remova; Tal, | yrs. / mos. ds. 1 day,hrs. ORmin.? | and that death occurred on the date stated above, at |
| (State or country) Cicil Country Mad 19 Name of Father Thomas a creswell 11 Birthplace (State or country) Copfather (State or country) 12 Maiden Name of Mother Thair, I Jysor 13 Birthplace of Mother (State or country) 13 Birthplace (State or country) 14 The above is true to the best of My knowledge Informani, Thomas a Creswell Maddress). Clarth Cecil Country And Address). Clarth Cecil Country And Address). Clarth Cecil Country And Operation (Signed). (Signed). (Signed). (Signed). (State or country) (Address). (Signed). | particular kind of work (b) General nature of Industry, business, or establishment in | |
| 12 MAIDEN NAME OF MOTHER OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant; Address) 14 Carth Cecil country Address) 15 MEANS OF INJURY; and (2) whether Accident TAL, Suicidal, or Homicidal. 16 the OF RECENT RESIDENCE (FOR HOAPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE (If not at place of death? Former or USUAI residence. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant; 15 PLACE OF BURIAL OR REMOVAL 16 PLACE OF BURIAL 17 PLACE OF BURIAL 18 PLACE OF BURIAL 19 PLACE OF BURIAL 19 PLACE OF BURIAL 19 PLACE OF BURIAL | 10 NAME OF TATHER Thomas a creswell | (Secondary) (Duration) (Signed) M. D. |
| At place of death yrs. mos. ds. State yrs. mos. ds. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant) Thomas a Creswell Address) Corth Cecil county of the surface of Burial or Removal Address) Corth Cecil county of the surface of Burial or Removal Address of the surface of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence. | OF 12 MAIDEN NAME | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. |
| Address) North cecil county and Prace of Burial or REMOVAL DATE OF BURIAL | OF MOTHER (State or country) Cheft Country In the 14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | At place lo the of death yrs mos ds. State yrs mcs ds. Where was disease contracted, If not at place of death? |
| | Address) charth cecil county one | usual residence. |

If more hianks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Censns and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons Servant, Cook, Housemaid, etc. If the occupation has who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. . Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manuger," "Dealer," etc., without more precise speciit should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) the nature of the business or industry, and therefore an mine, etc. statement. material worked on may form part of the second cases, especially in industrial employments, it is nec-Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ageness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," The question "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carein-

ture of the American Medical Association:) cause of death approved by Committee on Nomencla mia," "l'Uerperal peritonitis," etc. State cause for childbirth or miscarriage, as "l'uenpenal septichacetc., when a definite disease can be ascertained as the cer" is less definite; avoid use of "Tumor" for mails. "Contributory." sepsis, tetanus) injury, as fracture of skull, and cousequences (e. g., by curbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mus," "Old Age," "Shock," "Urnemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) : Measles; Whooping cough: Chronic mere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of The contributory "Scnile." etc.), "Dropsy," (Recommendations on statement of may be stated under the head (secondary or intercurrent) (name origin: "Candeath), 29 "Exhaustion," Never report Examples:



[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nection is very important, so that the relative mealthfulmaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has For persons (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid froumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcin-

injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "Puerperal septichaecause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and quality as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for mailg-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," etc. State cause for (name origin; "Can-Never report Examples:



| _ | |
|-----|--|
| 0 | |
| OZ | |
| - | |
| m | |
| ш | |
| | |
| 00 | |
| 0 | |
| L | |
| U. | |
| _ | |
| | |
| ED | |
| 5 | |
| 7 | |
| Щ | |
| Ш | |
| ES | |
| 1.1 | |
| ~ | |
| C | |
| | |
| Z | |
| _ | |
| (1) | |
| ř | |
| ARG | |
| 4 | |
| > | |
| - | |
| | |

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

| | 4 |
|-----|--------|
| | č |
| | Trigin |
| - | |
| No. | |
| mi. | |
| , | |
| | |
| | |

| 1552 | CTATE OF MARK AND |
|---|--|
| 1 PLACE OF DEATH | STATE OF MARYLAND |
| Courty Cocie | CERTIFICATE OF DEATH |
| Gounty Desales | Registration Dist. No. 93 |
| Village or City 13/16/16/19 (No, | St.; Ward) fif death occurred in a hospital or institution give its NAME instead |
| * FULL NAME Margaret Bu | rkfart Evans of street and number.] |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Fernale, Others (Write the word) | 16 DATE OF DEATH Feb. 27, (Month) (Day) (Year) |
| | 17 I HEREBY CERTIFY, That I attended deceased from |
| 6 DATE OF BIRTH | 700. 111 , 1914, to 70. 26 , 1914. |
| (Month) (Day) (Year) | that I last saw her alive on Februaries, 191 X |
| ⁷ AGE If LESS than | and that death occurred on the date stated above at / A. m. |
| 1 day,hrs. | The CAUSE OF DEATH* was as follows: |
| | What Regurantation |
| (a) Frade, profession, or particular kilod of work | The state of the s |
| (b) General nature of industry, business, or establishment in which employed (or employer) | (Duration) yrs. Ly mos. , ds. |
| State or country) Road Ran had | Contributory (Secondary) |
| 10 NAME OF PATHER ON W. S. C. | (Signed) le half the lies , M. D. |
| of FATHER (State or country) | *State the Disease Causing Death, or, in deaths from Violent |
| (State or country) Lon't know 12 MAIDEN NAME OF MOTHER 7: 01 | TAL, SUICIDAL, OF HOMICIDAL. |
| 13 BIRTHPLACE OF MOTHER (State or country) Swan Miller Pluna. | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs mos ds. |
| (Informant) Surie M. allister | Where was disease contracted, If not at place of death? Former or |
| clilda mi | 19 PLACE OF BÜRIAL OR REMOVAL DATE OF BURIAL |
| 16 Filed Reb 28, 1914 & Fallinight | St. Johns. Md. Mas. 2., 1914. 20 UNDERTAKER ADDRESS |
| If more blanks are needed, address State Bords tro | B. E. mason bottingham |

E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation bas of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nection is very important, so that the relative healthfulwho receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry; and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

sepsis, tetanus) may be stated under the head of cbildbirth or miscarriage, as "PUERPERAL septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ~Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for malig-Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can-"Exhaustion," Never report Examples:



WRITE

PHYSICIANS should state OCCUPATION IS Jo statement classified. pe pinous properly supplied. be may certificate. that 99 0 pinons uo piain Instructions EATH In 9

PERMANENT

terms, item OF mportant. Every its

FNT

2

A

15

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.:....Ward) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDDWED. (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,hrs. OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) Contributory..... 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HORPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place in the OF MOTHER ot death yrs. mos. State yrs. ____ mos. Where was disease contracted. It not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL

ADDRESS

If more blanks are needed, address State Begistrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

REGISTRAR

Con Orpmit.

X Brilled Roow

Ilt death occurred in

a hospital or institution. give its NAME instead of street and number.]

(Dav)

DATE OF BURIAL



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Houscwife, Housework, or At Home, and children, not mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Putereral scotichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcasles (disease causing death), 29 ds.; affection need not be stated unless important. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant ncopiasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ture of the American Medicai Association.) "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of ... (name origin; "Can Examples: For vio-



No.

02

m

0 0 SICIANS shoul PHYSICIANS RECORD 0 statement PERMANENT EXACTLY. Exact classified. properly pe UNFADING may that pe terms. pluods plain Instructions Information ٥ DEATH 8 0 PO mportant. CAUSE

certificate. 0 back uo

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Village or City PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RAGE 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED, ORDIVORCED (Write the word) (Month) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Day (Month) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day /2 hrs. mos..... OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary (Doration 10 NAME OF FATHER ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) in the yrs. mos. State Where was disease contracted. THE ABOVE IS TRUE If not at place of death? Former or osual residence 19 PLACE OF BURIAL OR REMOVAL (Address)..... 15 20 UNDERTAKER

[If death occurred in

191.7

(Year)

mos.....

DATE OF BURIAL

ADDRESS

a hospital or lostitution. give its NAME instead of street and nomber.]

(Day

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers CAUSING DEATH, state occupation at beginning of Ill-Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, Irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retlred from business, that fact may be indl-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-



such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. genital," valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (c. g., by earpolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coilapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; (secondary or intercurrent) "Dropsy," "Expanstion," State cause for Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

N. B.-

1555 1 PLACE OF DEATH Village or City Near Gerillou (No.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; Ward)

[If death occurred to a hospital or Institution,

| | FULL NAME Maria Bani | give its NAME instead of street and number.] |
|--------------------------|---|---|
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 51 | MARRIED, MOOWED, ORONORES MAN AND | 16 DATE OF DEATH Pel 23 , 1914 (Month) (Day (Year) |
| P _D | ATE OF BIRTH (Month) (Day (Year) | 17 I HEREBY CERTIFY, That I attended deceased from |
| TA | Unknowe If LESS than f day,hrs. | and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows: |
| (a) pai (b) bus | CCUPATION Trade, profession, or floure wife General nature of industry, iness, or establishment in Ich employed (or employer) | appopley (Ouration) yrs mos ds. |
| 98 | 10 NAME OF FATHER POLICE AND | Contributory Secondary (Duration) yrs mos ds. (Signed) W= P Dean Goroner |
| ARENTS | 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. |
| 4 | 13 BIRTHPLACE OF MOTHER (State or country) Maryland | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos ds. |
| | (Informant) Myly Coasis | Where was disease contracted, If not at place of death? Former or usual residence |
| 16 Fil | REGISTAAR | 19 PLACE OF BURIAL OR REMOVAL CACISTOR CALLETY 20 UNDERTAKER ADDRESS CACILLES ING |
| | If more blanks are needed, address State Regist | tray, 6 E. Franklin St. Balto. Requesting V. S. No. 1. |

[Approved by U. S. Census and American Public Health Association.]

cated thus: gainfully employed, as At school or At home. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucters of lungs, meninges, peritonaeum, etc., Carcin-

Accidental drowning; Struck by railway train-accimia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichae nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomeucla-"Contributory." sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify us cause. mus," "Old Age," "Shock," "Uraemia," "Weakness," genital." "Senile," etc.), "Dropsy," "Exhaustion, "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. raivular heart-disease; Chronic interstitlal nephritis, injury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF IIOMICIDAL, OF as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditious, such as "As-Bronehopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for Never report



| | 1 PLAGE OF DEATH 1556 | STATE OF MARYLAND |
|-------|--|--|
| V | County Cecil | CERTIFICATE OF DEATH |
| | Vittage or City Cherry Ttill (No. Con | Registered No. [It death occurred in a hospital or institution, give its NAME instead of street and number.] |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| | Male Black (Write the word) | 16 DATE OF DEATH A chricary 14, 1914 (Month) (Day) (Year) 17. I HEREBY CERTIFY, That I attended deceased from |
| | (Month) (Day) (Year) | that I last saw he was alive on Auto 10 1914 |
| , o , | FOCCUPATION (a) Trade, protession, or | and that death occurred on the date stated above, at 40, m, The GAUSE OF DEATH* was as follows: Cutterio Sclerosis |
| | particular kind of work | Contributory (Secondary) |
| | 11 BIRTHPLACE OF FATHER NO information 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) No information 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Las Natural | (Signed) |
| | (Address) Chury Hu ma (Address) Filed Chury Hu ma Registrar If more blanks are needed, address State Registrar, 6 E | 19 PLACE OF BURIAL OR REMOVAL Corruly Lorul 20 UNDERTAKER Unisinga Sipper ADDRESS SURVEY S |
| | it more manas are necesta, address plate Registrar, o R | . Franking St., Barto., Requesting V. S. No. 1. |

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not pald Housekeepers additional line is provided for the latter statement; Civil engineer, Stationary Areman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the nisease fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or Industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has Farmer or Planter, For persons (v)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease. It is a same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease.); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculossis of lungs, meninges, peritonaeum, etc., Carcin-

cause. Always qualify all diseases resulting from inus," "Oid Age," "Shock," "Uraemla," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpresal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Collapse." "Coma," "Convuisions," "Deblity" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measics; Whooping cough; Chronical cer" is less definite; avoid use of "Tumor" for mailg mere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of _ The contributory (secondary or Intercurrent) tetanus) (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name orlgln; "Can Examples:



02

RECORD PERMANENT WRITE

statement classified properly ildque may 6 back Instructions = DEAT OF mportant. Every It 0

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No ... It death occurred inWard) a hospital or lostitution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. MARRIED, WIDOWED, ORDIVORCEO (Write the word) (Montb) (Day (Year) I HEREBY CERTIFY. That I attended deceased from (Month) (Da (Year) 7 AGE it LESS than and that death occurred on the date stated above 1 dayhrs. OR 7 BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Contributory BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAM OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place MOTHER (State or country of death yrs. mos. State _____ yrs. ____ mos. Where was disease contracted. If not at place of death?. Former or usual residence. OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthfulness of various pursults can be known. The question cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. additional live is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many For many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indloccupations a single word or term on the Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncunnonia ("Pneumonia," unquallfied, is Indefinite): Tuberculvisis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. childbirth or mlscarriage as "Puerperal scptiehacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of lnjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, If impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanitlon," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustlou," State cause for Never report



No.

တိ

UNFADING INK-THIS WITH PLAINLY,

CSICIANS should occupation is PHYSICIANS RECORD of Exact statement PERMANENT EXACTLY. classified. D properly AGE may carefully sur that it ma f certificate, of 9 terms, i Should 6 EATH in plain instructions o of Information DEATH WRITE 9 Important. Every Ite

| 1 | PLACE | OF | DEAT |
|---------|-------|----|------|
| Gounty. | 1 | • | 0 |
| County. | Ce | ec | X. |
| | | | |

3 SEX

7 AGE

PARENTS

15

6 DATE OF BIRTH

BOCCUPATION (a) Trade, profession, or

particular kind of work. (b) General nature of industry, business, or establishment in

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country)

Hele 50

OF MOTHER

OF FATHER (State or country)

which employed (or employer)

1558 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;.....Ward)

If death occurred in a hospital or institution, give its NAME Instead ot street and number.]

²FULL NAME

4 COLOR OR RACE

(Month)

PERSONAL AND STATISTICAL PARTICULARS

ORDIVORCED (Write the word)

If LESS than

1 day,.....hrs.

5 SINGLE,

MARRIED.

(Day

| MEDICAL | CERTIFIC | ATE OF | DEATH | |
|---|-------------------------------|----------------------|---------------------------------|---|
| 16 DATE OF DEATH | Fel | _ | 18 | , 191.4 |
| | (Mont | | (Day | (Year) |
| 1 HEREB | | 1 11 | | ceased from |
| NIC J | 913, to | feb. | 18. | , 191.4 |
| that I last saw hama | live on | et. | 17 | , 191.4. |
| and that death occurred | on the date | stated a | bove, at | 0.30am |
| The CAUSE OF DEATH * | was as fol | llows: | | |
| Luliu | home | 1.11 | muli | 210 |
| | | .K. | | . <u></u> |
| 1 0200000000000000000000000000000000000 | — () | | | *************************************** |
| *************************************** | | **************** | 7077000 00 NQQqq 00 00 00 00 00 | |
| | (Durat | tion) | vrs. 3 | mgsds |
| <i>C</i> . | 0 | | | |
| Secondary | ua c | nei | na / | any |
| | (1) | A!> | | 1/ |
| 411 | , toura | tion) | 162 | .mosds |
| (Signed) | luc | us | (O) | M. D |
| Feb 19 1914 | Manney P | of 1 | 1.0- | 1 had |
| 744-1-7-191.9. | (Address)V | 1.1.1.10 | gor | 1 000 |
| *State the DISEASE (CAUSES, state (1) MEATAL, SUICIDAL, or HOME | CAUSING DEANS OF INJECTIONAL. | ATH, or, URY; and | deaths f (2) wheth | rom VIOLENT ber Acciden |
| 18 LENGTH OF RESIDEN | | | | |
| OR RECENT RESIDENTS | OE TOK MO | | NSTITUTIONS | , IRANSIENTS |
| At place | 4. | in the | | |
| of death yrs mos | 05. | 21916 | yrs, | mos d |

| f death yrs mos | ds. State | yrs, | m |
|-------------------------------|-----------|--|-----|
| Vhere was disease contracted, | | | |
| f not at place of death? | | Sec 7 - 70 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | *** |

Former or usual residence.

| 18 | PLACE | OF | BURIAL | OR | REMOVAL |
|----|-------|----|--------|----|---------|
| , | | | 0.0 | - | |

DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the misease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origiu; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. For vio-Bronchopnoumonia (secondary), 10 ds. Never report cause of death approved by Committee on Nomencla-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent)



7. S. No. 1.

RECORD PERMANENT UNFADING

OCCUPATION proper ildqua certificate 0 back hould plain instructions of Infor OF mportant. ш Every 0

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County. Registration Dist. No. flf death occurred in .. Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. ORDIVORCED (Month) (Day (Year) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH 191...... to alive on (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above. 1 dayhrs. OR ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or omployer) BIRTHPLACE Contributor Secondary (State or country) eman 10 NAME OF FATHER 11 BIRTHPLACE (Address) PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL, 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) ot death yrs. mos. ds. State yrs, ____ mos. ... Where was disease contracted. If not at place of death? Former or (Informant). usual residence. PLACE OF BURIAL OR REMOVAL 15 20 UNBERTAKER REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Botto., Requesting V. S. No. 1



[Approved by U. S. Census and American Public Health Association.]

additional live is provided for the latter statement; tlou is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carein-

cause of death approved by Committee on Nomenclavalvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." sepsis, tetanus) may be stated under the head mia," "PUERPERAL peritonitis," etc. thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) lajury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. is less defiuite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," (Recommendations on statement of State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



*

8. No. 1.

item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state E OF DEATH in piain terms, so that it may be properly classified. Exact statement of OGCUPATION is very PERMANENT 4 UNFADING INK-THIS IS See instructions on back of certificate. WITH WRITE CAUSE OF important.

N.

VIIIage or City Powlandsollino and Longan

2 FULL NAME Mary A. Logan

APPENDIA AND STATISTICAL PARTICULARS

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 96

St.; Ward)

[If death occurred in a hospital or Institution, give its NAME instead of street and number.]

| FULL NAME Mary A, Log | ot street and number.] |
|--|--|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| SSEX 4 COLOROR RACE SSINGLE, MARRIED, WIGOWED, ORDINACO (Write the word) | 18 DATE OF DEATH FEC 12, 191 4 (Month) (Day) (Year) |
| 6 DATE OF BIRTH August 9 m, 1833 (Month) (Day) (Year) | that I last saw h to alive on Fib 12 1915. |
| TAGE 80 yrs. 6 mos. 3 ds. ormin.? | and that death occurred on the date stated above, at 11. 45 m. The CAUSE OF DEATH* was as follows: Facial Erysifelas (envolving) Torone and throat |
| particular kind of work | (Duration) yrs mos 5 ds. |
| 9 BIRTHPLACE (State or country) Mary Land. 10 NAME OF FATHER HENRY BRUNS. 11 BIRTHPLACE W. 11 BIRTHPLACE | (Signed) (Signed) (Address) Liberta Grove Mol |
| OF FATHER (State or country) Welland. 12 MAIDEN NAME Horman Mevry | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether Accidental, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) |
| 13 BIRTHPLACE OF MOTHER (State or country) Walle | At place In the ot death yrs, mos ds. State yrs, mos ds. Where was disease contracted, |
| (Informati) / WILL G / Vy aw | It not at place of death? Former or usual residence |
| (Address) Lewlan deville Md | Hopewell Comply Jel 15 , 1814 |
| Filed Feb. 10 1914 St. Camera | SB Fook Glora. Md |
| If more blanks are needed, address State Registrar | , 6 E. Franklin St., Balto., Requesting V. S. No. 1. |

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative Lealthfulbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthoria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

such, if impossible to determine definitely. thenia," "Anaemia" (merely symptomatic), "Attrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Consepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-LENT DEATHS state MEANS OF INJUBY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," mere symptoms or terminal conditions, such as "Asample: Mcastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neepiasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart fallure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. Never repor er" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) __ (name origin; "Can State cause for "Exhaustion," Examples: For VIO



RECORD PERMANENT EXACTLY. 4 should GE NX supplied. UNFADING pinous

1 PLACE OF DEATH state Very PHYSICIANS should of OCCUPATION IS County... (No. **2FULL NAME** PERSONAL AND STATISTICAL PARTICULARS statement 5 SINGLE. 3 SEX MARRIED, WIDOWEO, ORDIVORCED (Write the word) 6 DATE OF BIRTH ciassifled (Month) (Day) If LESS than 7 AGE 1 day, hrs. OR ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in may which amployed (or employer) certificate 9 BIRTHPLACE (State or country) 10 NAME OF FATHER o back 11 BIRTHPLACE terms, ARENT OF FATHER (State or country) 0 12 MAIDEN NAME piain OF MOTHER instructions information ATH in pialr 13 BIRTHPLACE OF MOTHER (State or country) of inf 14 THE ABOVE IS TRUE TO item OF Every item CAUSE OF Important. (Address) 15 20 UNDERTAKER œ. REGISTRAR ż If more blanks are needed, address State Regis trar, 6 B. Franklin St., Balto., Refuesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No....

St .:---....Ward)

[If death occurred in a hospitat or Institution,

| Gld. | of street and number.] |
|--|---------------------------|
| MEDICAL CERTIFICATE OF | F DEATH |
| 16 DATE OF DEATH (Month) | (Day) (Year) |
| Tow. 28, 194, to 25, 194, that I last saw handalive on 25, 194, to | attended deceased from |
| and that death occurred on the date stated The CAUSE OF DEATH* was as follows: | above, at 3.4. m, |
| Cut Princes | VIS. mas 3 ds. |
| Gontributory Premoture (Secondary) | - |
| (Signed) Sefton Confidence (Address) Plane | frehe Cof S |
| *State the DISEASE CAUSING DEATH, OF, CAUSES, State (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL. | d (2) Whether Accident |
| 18 LENGTH OF RESIDENCE (FOR HOSPITALS OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State Where was disease contracted, if not at place of death? Former or usual residence | INSTITUTIONS, TRANSIENTS. |
| 19 PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |

i

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer Chair "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation bas Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, (b) return "Laborer," "Foreman," Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purprenal septichae. cause. Always qualify all diseases resulting from mus," "Old Age," "Shock." genitai," "Senile," etc.), "Dropsy," "Exhaustion," "Hart failure," "Haemorrhage," "Inanition," "Maras ample: Measles (disease causing death), 29 ds.: ture of the American Medical Association.) scpsis, tctanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head 'Traemia," "Weakness," (name origin; "Can Examples:

If this certificate is looked over thoroughly and all gurations answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

| PLACE OF DEATH 1962 | STATE OF MARYLAND |
|--|--|
| County Cecil | CERTIFICATE OF DEATH |
| County | Registered No. 9.3 |
| Village or City Leeds (No. | St; Ward) [It death occurred in |
| | a hospital or institution, |
| 2 FULL NAME Clarence albe | of street and number.] |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| male White (Write the word) | 16 DATE OF DEATH FLY 2 1914 (Month) (Day) (Year) 17 (HEREBY CERTIFY, That Lattended decreased from |
| S DATE OF BIRTH | 17 HEREBY CERTIFY, That I attended deceased from |
| July 30 1/9/3 | 1914, to J Chy 2 1914. |
| (Month) (Day) (Year) | that i last saw home alive on Jery 1 1914 |
| 7 AGE | and that death occurred on the date stated shove, at 12 40 am, |
| yrs. 6 mos, 2 ds. Ormin.? | The CAUSE OF DEATH* was as follows: |
| 8 OCCUPATION (a) Trade, profession, or particular kind of work | Froncha Vuenmonia |
| (b) General nature of industry, | |
| business, or establishment to which employed (or employer) | (Duration)mosds. |
| 9 BIRTHPLACE (State or country) | Contributory (Secondary) |
| 10 NAME OF DO DO | (Oyration) yrs mos ds. |
| FATHER Buy H Tymch | (Signed) Attorace Leuslino M. D. |
| of FATHER | 1 1914 (Adpress) Glikhow, Mills |
| OFFATHER (State or country) Childs Md | Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. |
| of MOTHER Helew Hempfull | 18 LENGTH OF RESIDENCE FOR HOSPITALS INSTITUTIONS TRANSPASS |
| 13 BIRTHPLACE OF MOTHER (State or country) Ellehn, mul | At place in the |
| 14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | Where was disease contracted, |
| Beri of Lunch | It not at place of death? |
| (loformant) | usual residence |
| (Address) Zecolo, md | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL |
| 16 0 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 | Leeds Ind Jeby 4 1914 |
| Filed Feb 2= 1914 9 J-Anight | 20 UNDERTAKER ADDRESS |
| Local REGISTRAR | Chung & Lies |
| If more blanks are needed, address State Registrar, 6 E | J. Franklin St., Balto., Requesting V. S. No. 1. |
| | ina |

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iilbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmine, etc. material worked on may form part of the second Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

injury, as fracture of skuli, and cousequences (e. g., sepsis, tetanus) may be stated under the head of ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisucb, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Sbock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," thenia," "Anaemia" (merely symptomatic), "Atropby," nant neoplasms); Measles; Whooping cough; Chronic "Coliapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ____ The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-



B. No.

B. ż

RECORD PERMANENT 4 IS UNFADING INK-THIS WITH

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH County

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

[If death occurred in

| *FULL NAME anna & McCar | a hospital or Institution, give its NAME Instead of street and oumber.] |
|--|---|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3 SEX Lemale Color or RACE Single, Married Widowed, OPRIVACED (Write the word) | 16 DATE OF DEATH SEC 28, 1914 (Month) (Day) (Year) |
| S DATE OF BIRTH S DATE OF BIRTH (Month) (Day) (Year) | that I last saw here alive on Feb 28, 1914 |
| TAGE If LESS than 1 day,hrs. ORmin.? | and that death occurred on the date stated above, at 730 Pm. The CAUSE OF DEATH* was as follows: Aronic interstifish Majorcarditis |
| (a) Trede, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) | - Chaux Tourstion 2 yrs / mosds |
| (State or country) Ceecl Co md 10 NAME OF FATHER lels on 1/1/2 Cowell 2 Lect Co md 11 BIRTHPLACE OF FATHER (State or country) Ceecl Co md | (Signed) Correct Contact , M. D. Morch 2, 191 4 (Address) Liberty Grant Mo. *State the DISEASE CAUSING DEATH, OF In Costly From World Contact *State the DISEASE CAUSING DEATH, OF In Costly From World Contact *State the DISEASE CAUSING DEATH, OF In Costly From World Contact *State the DISEASE CAUSING DEATH, OF In Costly From World Contact *State the DISEASE CAUSING DEATH, OF In Costly From World Contact *State the DISEASE CAUSING DEATH, OF In Costly From World Contact *State the DISEASE CAUSING DEATH, OF In Costly From World Contact **The Contact of the Contact |
| 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | CAUSES, STATE (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTE, OR RECENT RESIDENTS) At place of death |
| (Address) Liberty Grove mes 16 Filed Moh. 4 4, 1914 N. A. Chaucou Por Kaponer and REGISTRAR | Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Harmy Oracel March 4th, 1914 20 UNDERTAKER Slaw B F Colora Md |

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative wealthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as mine, etc. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: "Foreman," 9

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrereal scpticharmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Mcasles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report nant ncopiasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of .. ture of the American Medical Association.) "Contributory." The contributory Aiways qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples: For vio-



BINDING RESERVED MARQIN

.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH

ż

| 1 pį | AGE OF DEATH 1564 | |
|--------------|------------------------------------|-----|
| County | eail | |
| Village or (| City Tast DeficielNo. | , |
| | FULL NAME / Helen a | Cna |
| PE | RSONAL AND STATISTICAL PARTICULARS | |

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 96

St.; Ward)

[If death occurred in a hospital or Institution, give its NAME Instead

| DERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 4 COLOR OR RACE 5 BIRCLES, 10 Month 10 Month 10 Month 10 Month 10 Month 11 September 1 Month 12 Month 13 Month 14 Month 15 Month 16 DATE OF DEATH 17 I HEREBY CERTIFY, Thet Latended deceased from 18 Month 19 Month 19 Month 19 Month 19 Month 19 Month 19 Month 10 Mo | 2FULL NAME A TELEM OF KNOW | recur |
|--|--------------------------------------|---|
| Educate White Considerate (Month) (Day (Year) (Month) (Day (Year) (Write the word) (Write the word) (Month) (Day (Year) (Month) (Day (Year) (Write the word) (Write the word) (Month) (Day (Year) (Month) (Day (Month) (D | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| OATE OF BIRTH Secondary Month) (Day (Your) TAGE If LESS than 1 day | The MARRIED, Widowed | (Month) (Day (Year) |
| The CAUSE OF DEATH* was as follows: The CAUSE OF DEATH* was as follows: | Month) (Day (Year) | NOV 10, 1913, to Het 8, 1914. |
| OCCUPATION (a)Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) PBIRTHPLACE (State of country) 10 NAME OF FATHER (State of country) 12 MAIDEN NAME OF MOTHER (State of country) 13 BIRTHPLACE OF MOTHER (State of country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Address) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 15 Filed 16 CRUMENT STATE (Signed) (Address) (Signed) (Signed | | and that death occurred on the date stated above, at 6,300m. |
| (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State of country) 12 MAIDAN NAME (State of country) 13 BIRTHPLACE (State of country) 13 BIRTHPLACE (State of country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Address) (| yrs. — mos. « J. ds. OR min.? | The CAUSE OF DEATH* was as follows: |
| (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER (State of country) Landida Name (State of country) 11 BIRTHPLACE (State of country) 12 MAIDEN NAME (State of country) 13 BIRTHPLACE (State of country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Lagrania Arthur (Address) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Lagrania Arthur (Address) 15 Filed TIM Y 0, 1914 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Address) 16 THE YOUR STATE OF BURIAL OR REMOVAL TO SUMMER WAS disease contracted, it not at place of death? Filed TIM Y 0, 1914 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Address) ARTHUR ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (ADDRESS) ARTHUR ABOVE IS TRUE TO TH | | |
| business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER OF MOTHER 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER OF MOTHER (Informant) (Inf | | |
| Secondary Secondary 10 NAME OF FATHER 11 BIRTHPERSE OF FATHER (State of country) 11 BIRTHPERSE OF FATHER (State of country) 12 MAIDIN NAME OF MOTHER MANUAL PARTIES, Suicidal, or Homicidal. 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Signed) (Address) (Address) (Address) (Address) (Signed) | business, or establishment in | (Ouration) yrs mos ds. |
| (Signed) 11 BIRTHPEACE OF MOTHER (State of country) 12 MAIDEN NAME OF MOTHER (State of country) 13 BIRTHPLACE OF MOTHER (State of country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 16 Filed 16 Filed 17 Filed 18 (Signed) (Signed) (Signed) (Signed) (Address) (Mans of Injury; and (2) whether Accidentally or Howicidally or Howicidally whether Accidentally or Recent Residents) 18 (Signed) (Mans of Injury; and (2) whether Accidentally State (1) Means of Injury; and (2) whether Accidentally or Recent Residents 18 (Enrich of Residents) (Informant) (Address) (| 9 BIRTHPLACE (State or country) | Gontributory Well Myscordilis Secondary |
| 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Infor | of 11 appropriate for seful abrahams | (Signed) All Charles M. D. M. D. Tuk 9, 1944 (Address) Perfly Charles |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Legence Arthur (Address Late Deficiel Lace 19 Place of Burial Or REMOVAL DATE OF BURIAL To Legence 19 Place Of Burial Or Removal Date of Burial Or Removal 19 Place Of Burial Or Remova | a of Mother mariah Steument | 18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS |
| (Informant) Lergenia Arthur (Addresso Cost Deficiel Lace (Addresso Cost Deficiel Lace 19 PLACE OF BURIAL OR REMOVAL 10 PLACE OF BURIAL OR REMOVAL 10 PLACE OF BURIAL OR REMOVAL 10 PLACE OF BURIAL OR REMOVAL 20 VN DERTAKER ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS | (State or country) Surkenson | At place In the of death yrs, mos ds. State yrs, mos ds |
| 18 Filed FIRE 20 1914 At Cameron PEGISTRAR WC Gackson Blythedale Ond | 4. · · · · · · · · · | It not at place of death? |
| Filed 71 th 40 1914 M. Hawwell 20 yndertaker address Address Med Gackson Blythedale and | (Address fort- Definited | 19 |
| of the second sequilibrial and | Filed FIRE 40 1914 St. Maurenou | 20 YNDERTAKER ADDRESS |
| IT more manded address State Destatues of the contract of the | | V C Hackson / Elythedale and |

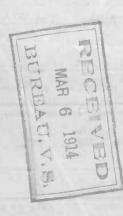


[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. additional line is provided for the latter statement; applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. materiai worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligscpsis, tctanus) may be stated under the head of mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) by earbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report



V. S. No. 1.

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD A PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH -Every Item of Information should be CAUSE OF DEATH in plain terms, s N.B.

Every item of information should be earefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

1565 1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 96

| Village or City Kerryvilleno | St.; Ward) [It death occurred in a hospital or institution, give its NAME Instead of street and number.] |
|--|---|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Sex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) | 18 DATE OF DEATH Feb. 3, 1914 (Month) (Day (Year) |
| 6 DATE OF BIRTH LUCY (Month) (Day (Year) | that I last saw h was alive on 2/3/14, 191 |
| 7 AGE It LESS than 1 day, hrs. OR min.? | and that death occurred on the date stated above, at a m, The CAUSE OF DEATH was as follows: |
| (a) Trade, profession, or particular kind of work | (Duration) yrs mos kew ds. Contributory Secondary |
| 10 NAME OF FATHER Crypted & Owense OF FATHER (State or country) Perry Welle and 12 MAIDEN NAME OF MOTHER OF MOTHER (STATE OF MOTHER) | (Signed) |
| 13 BIRTHPLACE OF MOTHER (State or country) Cortte Cast Good 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Alleria Cast | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death |
| (Address) berryville (sed) 16 Filed Fire, 6th) 1914 St. Cameran | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Source Convertery Feb. 6 1914. 20 UNDERTAKER ADDRESS |

If more blanks are needed, address State Registrar, 6 E. Franklin St., Bulto., Requesting V/S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of Ilibeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a dcfinlte salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (b)

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the Americau Medical Association.) scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUEBPERAL peritonitis," etc. ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," geuital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. cause of death approved by Committee ou Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For viochildbirth or mlscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory Always qualify all diseases resulting from Measles (discase causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report



3. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

| Village or City Cherafeale (No. | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) [It death occurred in a hospital or institution, give its NAME lostead of street and number.] |
|--|--|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Jernale. 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) | 18 DATE OF DEATH FLL 25 , 1914 (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from |
| OATE OF BIRTH (Month) (Day) (Year) 7 AGE | that I last saw he allve on Feb 25 4 1914, and that death occurred on the date stated above, at 745 am, |
| BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in sohoot leacher. BIRTHPLACE (State or country) Manyland | The CAUSE OF DEATH* was as follows: Contributory Charles (Secondary) (Duration) yrs. mos. ds. |
| OF FATHER 11 BIRTHPLACE OF FATHER OF FATHER (State or country) M 12 MAIDEN NAME OF MOTHER | (Signed) , M. D. ### 26 , 191 \(\) (Address) besufere \(\frac{1}{2} \) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. |
| 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY BASOWLEDGE | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death |
| (Intermant) mis minich me Thing (Address) Chesapuke alg. In d Filed. 2/27. 191/4 ISSAUL/ELLE REGISTRAN | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Selvic Councly M. C. Hish. 2, 191 20 UNDERTAKER ABDRESS |
| If more blanks are needed, address State Regls trar, 6 | E. Franklin St., Balto., Regulating V. S. No. 1. / hay |



[Approved by U. S. Census and American Public Health
Association.]

fication, as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," 9

Statement of cause of death—Name, first, the disease cause of near affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc... Carcin-

cause. Always qualify all diseases resulting from mus," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convuisions," "Debility" ("Concause of death approved by Committee on Nomencla-"Contributory." which surgical operation was undertaken. For vicmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puraperal septichaeetc., when a definite disease can be ascertained as the genital," "Senile," etc.), ample: Measles (disease causing death), 29 ds.: valvular heart disease; Chronic interstitud nophritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of _ ture of the American Medical Association.) sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as -Hart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ter" is less definite; avoid use of "Tumor" for malig The contributory "Old Age," "Shock." 'Uraemia," "Weakness," may be stated under the head (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 5 1914

2

ż

state Very PHYSICIANS should of OCCUPATION IS RECORD Exact statement PERMANENT EXACTLY. stated ciassified. 4 S pinous UNFADING INK-THIS properly AGE supplied. pe may certificate. carefully 80 of PLAINLY, WITH be DEATH in piain terms, See instructions on back pinous of information DEATH WRITE Item OF Every Item CAUSE OF Important.

1 PLACE OF DEATH County-PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE DATE OF BIRTH

TAGE

ARENTS

15

BOCCUPATION (a) Trade, protession, or

particular kind of work

State or country)

10 NAME OF

11 BIRTHPLACE

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE

OF FATHER (State or country)

OF MOTHER (State or country)

(Address).....

(b) General nature of Industry,

business, or establishment in

which employed (or employer) ...

(Year)

It LESS than

1 day,.....hrs.

OR ?

1567

5 SINGLE.

(Month)

MARRIED,

WIDOWED, ORDIVORCED (Write the word)

(Day

CTATE OF MADVIAND

| CERTIFICATE OF | |
|---|--|
| Registration Dist. | No. 92 |
| St.;Ward) | [If death occurred in a hospital or institution, give its NAME instead of street and nomber.] |
| MEDICAL CERTIFICATE OF D | EATH |
| (Month) (HEREBY GERTIFY, That I att | Day , 1914 |
| HEREBY CERTIFY, That I att | ended decessed from |
| on allve on Fishy | 13 ,1914 |
| scurred on the date stated she | ove, at 5,30 P m |
| DEATH* was so follows: | |
| e gla Lever to good 1913 (Boration) | probably mos. ds. |
| Howard Ban 1914 (Address) Elich | yrs mos ds. |
| 1914. (Address) Elich | i lud |
| ISEASE CAUSING DEATH, or, in (1) MEANS OF INJURY; and (or Homicidal. | deaths from VIOLENT 2) whether Acciden- |
| ESIDENCE (FOR HOSPITALS, INS BIDENTS) In the mos ds. State ontracted, th? | TITUTIONS, TRANSIENTS |
| | • |

ADDRESS

Luce Contributory_ Secondary (Signed) ... *State the D CAUSES, state TAL, SUICIDAL, 18 LENGTH OF R OR RECENT RES At place of death _____ yrs. Where was disease c If not at place of dea Former or osoal residence. DATE OF BURIAL 20 UNDERTAKER

DATE OF DEA

that I last saw h.

and that death or

The CAUSE OF

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

ALEGISTRAR



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: ncss. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, been changed or given up on account of the disease additional line is provided for the latter statement; the nature of the business or industry, and therefore an material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first ilne will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. ture of the American Medicai Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., scpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Coilapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion, Never report



PERMANENT THIS ADING

o

RECORD

CERTIFICATE OF DEATH SICIANS should occupation is Registration Dist. No. Ilt death occurred in PHYSICIANSWard) a hospital or institution. give Its NAME Instead ot street and number. 7 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX WIDOWED, (Month) Write the word HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Year) It LESS than 7 AGE and that death occurred on the date stated above, at t day,....hrs. The CAUSE OF DEATH * was as follows: 8 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) (Secondary (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, Or In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OF MOTHER (State or country) At place In the yrs. mos. ds. State Where was disease contracted. It not at place of death? of DE Former or Item OF usual residence. CAUSE OF Important. DATE OF BURIAL m If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation bas of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fleation, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons (6)

Statement of cause of death—Name, first, the DISKASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutoris of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head sucb, if impossible to determine definitely. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage. as "Purrement scotichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemia," "Weakness," genitai," ture of the American Medicai Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial aephritis nant neoplasms); Measles; Whooping rough; Chronic ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably -Hart fallure," "Haemorrbage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report er" is less definite; avoid use of "Tumer" for mails oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," _ (name origin; "Can-State cause for Examples: 0



PHYSICIANS should of OCCUPATION IS RECORD PERMANENT proper Z pe UNFADING Ilddus plain See Instructions DEATH 6 Item OF mportant. CAUSE m

certificate. 5 back

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No..... Ilf deeth occurred in St :----Ward) a hospital or lustitution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, 18 DATE OF DEATH MARRIED. WIDOWED, (Month) Write the word) (Day (Year) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above at 1200 m. 1 day,hrs. The CAUSE OF DEATH * was as follows: OR ? 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER 11 BIRTHPLACE 1915 (Address) PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death yrs. mos. ds. State yrs._ Where was disease contracted. If not at piece of death?.. Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care dutics of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease, causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenciamus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head of mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: IENT DEATHS state MEANS OF INJURY and qualify us childbirth or miscarriage as "Puerperal septiehae-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for



m

PERMANENT supplied. O UNFADIN pin of

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH OCCUPATION Registration Dist. No ... lif death occurred in St.;....Ward) a hospital or lostitution. give its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX BUSINGLE, 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, Wedowed (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at .. 1 day,hrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION prope (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 0 11 BIRTHPLACE (Address) PARENT OF FATHER *State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At niace OF MOTHER (State or country) of death yrs. mos. ds. State yrs. mos. DEAT Where was disease contracted. If not at place of death? Former or OF usual residence. mportant. ы 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Every 16 20 UNDERTAKER ADDRESS If more blads are beeded, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (7)

Statement of cause of death—Name, first, the Insease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (mcrely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Mcasles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. ctc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," genitai," "Senile," ctc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aeci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septiehae-"Heart failurc," "Haemorrhage," "Inaultion," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. by carbolic acid-probably suicide. The nature of the The contributory Always qualify all diseases resulting from Mcastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report

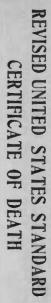


| REC | t of 6 |
|--|---|
| WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC | Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of C important. See instructions on back of certificate. |
| PER | stated |
| A | Tied |
| 5 15 | pind |
| H | sh y |
| VK-T | AGE |
| ING I | upplied. |
| NFAD | efully s at it m rtificate |
| > | car th |
| H | be x |
| , WI | hould terms on bac |
| NE | on s lain |
| LA | in p |
| ۵ | I'H nstr |
| SITE | of ir DEA |
| × | nt. |
| | Every item of information should be carefully sup CAUSE OF DEATH in plain terms, so that it mai important. See instructions on back of certificate. |

SICIANS should

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County.... Registration Dist. No. [it death occurred to St:....Ward) a hospital or institution, give its NAME lostead S. fallook of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Year) ORDIVORCED (Write the word) at I attended deceased from 6 DATE OF BIRTH (Day) (Year) If LESS than TAGE 1 dayhrs. OR ? BOCCUPATION (a) Trade, profession, or (b) General nature of Industry, business, or establishment In which employed (or employer) Contributory. 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country ARENT *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country of death yrs. mos. ds. State yrs mos, Where was disease contracted. If not at place of death? Former or usual residence DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting W. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative mealthful Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has (d)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscia

cause of death approved by Committee on Nomenclamia," "PUERPERAL peritonitis," etc. childblrth or miscarriage, as "Turrpenal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemia," "Weakness," genital," "Contributory." sepsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Hart failure," "Haemorrhage," "Inanition," "Mara" "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report er" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Aiways qualify all discases resulting from "Senile." etc.), (Recommendations on statement of may he stated under the head "Dropsy," "Exhaustion," _ (name origin; "Can-State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

BUREAU. V.S.

V. S. No. 1.

RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

| Village or City Elthow Man. 2 FULL NAME Elizabeth Was | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 92 [it death occurred in a hospital or institution, give its NAME instead of street and nomber.] |
|--|---|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| Jewol 4 COLOR OR RACE 5 SINGLE, MARRIED, Jung Co WIDOWED, ORDIVORCED (Write the word) 5 DATE OF BIRTH Sty 26 1840 | 16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from File 16, 1914, to File 1, 1914 |
| (Month) (Day (Year) 7 AGE (Month) (Day (Year) 1 LESS than 1 day,hrs. ORmin.? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in Available Months (Day (Year)) which employed (or employer) | that I last saw he alive on 54 23 1914 and that death occurred on the date stated above, at 10 A . m. The CAUSE OF DEATH ** was actollows: (Ouration) 715 mos ds. |
| OF BIRTHPLACE (State or country) Md 10 NAME OF FATHER Roff M. Walusley 11 BIRTHPLACE OF FATHER (State or country) Md (State or country) Md 12 MAIDEN NAME HAMMEN MC Caubey | (Signed) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, |
| 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) 15 Filed HASS 1814 Filed | or RECENT RESIDENTS) At place of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Littors Cerucley 20 UNDERTAKER ADDRESS SELECT. Mall |

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write Nonc. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a dcfinite salary), may be entered as mine, etc. Women at home, who are engaged in the material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same aecepted term for the same disease. Examples: Cerebrospinal feeer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberencies of lungs, meninges, peritonaeum, etc., Carcin-

eause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Mcdical Association.) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as ctc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion, Never report



No. 1. 02

m

ż

state RECORD PERMANENT EXACTLY. stated 4 pe INK-THIS IS should AGE carefully supplied. UNFADING De should

PHYSICIANS should of OCCUPATION is Exact statement properly classified. pe may certificate. that 80 Jo WRITE PLAINLY, WITH See instructions on back DEATH in plain terms, Information to OF Item Important. Every Ite

1 PLACE OF DEATH County

STATE OF MARYLAND CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

| | | | 11- |
|--------------|-------|----|-----|
| Registration | Dist. | No | 1 |
| 6 | | | |

.Ward)

[If death occurred in a hospital or institution. give its NAME instead of street and nomber.]

DATE OF BURIAL

ADDRESS

1573

| 16 DATE OF DEA | TH FE | 1m. 1 | 7 | | 1 | 014 |
|--|-------------|----------------|-----------|---------------------|----------|--|
| | | (Month |) | (Day | (Y | ear) |
| 17 N | HEREBY C | ERTIFY, | That I a | ttended o | ecease | fron |
| Fely | | | | | | |
| that I last saw ha | alive | on | 756 | | 1 | 914 |
| and that death oc | curred on t | he date | stated a | bove, at | 1.50 | A_m |
| The CAUSE OF I | PEATH* wa | | | 2024 | 3 | ************************************** |
| Contributory_ Secondary | Carr | (Duratio | n) | | mos | |
| | | (Baratic | 100 | | | |
| (Signed) | Your | - (Durain | Bra | yrs. Um | | 05 |
| Fizh 20 | | | | | | |
| *State the Di CAUSES, state TAL, SUICIDAL, | II MEANS | OF INJUI | rn, or, i | n deaths (2) whe | from VI | OLENT |
| At place of death yrs Where was disease of | mos | 1 | n the | | | |
| former or usual rasidance | N (| ************** | | | | |

OR REMOVAL

PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. widowed, orolyorceo (Write the word)

Day (Year) if LESS than t day hrs.

BOCCUPATION (a) Trade, profession, or

(b) General nature of Industry, business, or establishment in which amployed (or employar

9 BIRTHPLACE (State or country)

FATHER

particular kind of work.

TAGE

PARENTS

10 NAME OF 11 BIRTHPLACE

OF FATHER (State or country 12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Address) .---

15 REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Frankin St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER



[Approved by U. S. Censns and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, ctc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canscpsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned LENT DEATHS State MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," Never report

